**Care Plan Oversight Reporting Table**

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| --- | --- | --- | --- | --- | --- | --- |
| **Activity**  | **Date**  | **Minutes**  | **Date**  | **Minutes**  | **Date**  | **Minutes**  |
| Develop care plan  |  |  |  |  |  |  |
| Revise care plan  |  |  |  |  |  |  |
| Activities to coordinate services  |  |  |  |  |  |  |
| Documentation  |  |  |  |  |  |  |
| Medical decision making  |  |  |  |  |  |  |
| Review (charts, treatment plans, lab or other test results)  |  |  |  |  |  |  |
| Communication with other health-care professionals  |  |  |  |  |  |  |
| Team conferences  |  |  |  |  |  |  |
| Adjustment of medication Discussion with pharmacist – may be by telephone or a face-to-face conversation |  |  |  |  |  |  |
| Other (describe):  |  |  |  |  |  |  |

Total minutes: \* \_\_\_\_\_\_\_\_\_\_\_\_\_

Physician signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Time spent on care plan oversight must be equal to at least 15 minutes in a 30-day period.*